



TOWN OF STOW
BUILDING DEPARTMENT
380 Great Road
Stow, Massachusetts 01775
(978) 897-2193

APPLICATION FOR A SIGN PERMIT

NAME AND ADDRESS OF SIGN OWNER:

NAME AND ADDRESS OF PROPERTY OWNER:

PHONE: _____

ATTACH A SCALE DRAWING INDICATING THE FOLLOWING:

- | | |
|-------------------------------|---|
| 1. Proposed sign construction | 5. Method of installation |
| 2. Color | 6. Dimensions, including sign area in square feet |
| 3. Illumination, if any | 7. All previously existing signs on site |
| 4. Location of sign | |

SIGNATURE OF APPLICANT: _____ DATE: _____

APPLICATION FEE: SIGN SQUARE FEET _____ X \$2.00= \$ _____

OFFICE USE ONLY

1 _____ The proposed sign appears NOT to be permitted under the Zoning Bylaw of the Town of Stow.
PERMIT IS DENIED. (Any appeal must be filed with the Zoning Board of Appeals within 30
(thirty) days from this date.)

2 _____ The proposed sign appears to be in accordance with the Zoning Bylaw of the Town of Stow.
PERMIT IS APPROVED.

ISSUED BY: _____ DATE: _____

COMMENTS: _____

PERMIT NUMBER MUST BE PLACED ON SIGN. PERMIT NUMBER: _____

Revised 11/02/2009